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CERTIFICATE OF MAILING

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Thomas Fitting
Thomas Fitting, Reg. No. 34,163

March 17, 1999
Date of Deposit

Applicant: Brooks, et al)
Serial No.: 09/194,552)
Filed: May 30, 1997)
For: METHODS AND COMPOSITIONS USEFUL)
FOR INHIBITION OF $\alpha_v\beta_5$ MEDIATED)
ANGIOGENESIS)
Art Unit: Unknown)
Examiner: Unassigned)
Our Ref.: TSRI 481.2)

PRELIMINARY AMENDMENT

Assistant Commissioner for Patents
Washington, D.C. 20231

Dear Sir:

Please amend the above-identified application as follows:

At page 1, line 5 of the specification, please add the following sentence:

This invention was made with government support under Contract Nos. CA50826, CA45726 and HL54444 by the National Institutes of Health. The government has certain rights in the invention.

Respectfully submitted,

3/17/99

Date

Thomas Fitting
Thomas Fitting, Reg. No. 34,163

THE SCRIPPS RESEARCH INSTITUTE
Office of Patent Counsel
10550 North Torrey Pines Road
La Jolla, California 92037



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Please type a plus sign (+) inside this box → ☐PTO/SB/21 (12-97)
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/194,552
	Filing Date	May 30, 1997
	First Named Inventor	Brooks, et al
	Group Art Unit	Unknown
	Examiner Name	Unassigned
Total Number of Pages in This Submission	Attorney Docket Number	TSRI 481.2

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Response	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> To Convert a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below):
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<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Small Entity Statement	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Response to Missing Parts/Incomplete Application	Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	THOMAS FITTING
Signature	
Date	3/17/99

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Typed or printed name	THOMAS FITTING		
Signature		Date	3/17/99

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